

PACE Grievance

Employee Name (Last, First M.I.)	Job Title/Classification	
Assignment Location	Work Telephone	Home Telephone

RATER TO COMPLETE AT TIME OF INFORMAL

<input type="checkbox"/> Resolved	<input type="checkbox"/> Unable to Resolve	Rater's Signature	Date
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STEP I - A formal review is being requested for the following reasons:

Employee Signature

Date

STEP I DECISION - Please attach Step I written response

STEP II - I disagree with the Step I response for the following reasons:

Employee Signature

Date

TO BE COMPLETED IF WITHDRAWING A GRIEVANCE

Of my own free will, I request my grievance be withdrawn.

Employee Signature

Date